



**MARYLAND DEPARTMENT OF NATURAL RESOURCES
VERIFICATION OF CHANGE OF ADDRESS
CROSSBOW PERMIT SUPPLEMENT**



Change of Address.

Via completion of this form in full by the applicant and upon submission of a copy of this form to the Wildlife and Heritage Service, holders of this fully completed form (or a legible copy) are authorized to attach it to their current crossbow permit to validate a change of address.

APPLICANT'S CERTIFICATION OF CHANGE OF ADDRESS

1. Name:	2. Social Security No.	
3. New Address:	4. City:	5. County:
	6. State:	7. Zip:

I certify, via my signature, that the information provided on this form is true, complete and correct to the best of my knowledge and made in good faith. I understand that making a false statement on this form is punishable by law (MD Art. CR. Sec.9-101).

8. Applicant's Signature: _____ Date: _____

MAIL ONE COPY OF THIS COMPLETED FORM TO:

Wildlife & Heritage Service
Maryland Dept. of Natural Resources
580 Taylor Ave., E-1
Annapolis MD 21401

**ONCE COMPLETED AND SIGNED BY THE APPLICANT, THE APPLICANT SHALL RETAIN
AND ATTACH THE ORIGINAL FORM (OR LEGIBLE COPY) TO THEIR EXISTING CROSSBOW PERMIT.**

NO ADDITIONAL DOCUMENTATION IS NEEDED.